1644

CERTIFICATION OF DEPOSIT AS FIRST CLASS MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope with sufficient postage affixed addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on <u>June 12, 2003</u>.

| Name: | Esther Lily C. Esguerra | Signature: Canan |  |
|-------|-------------------------|------------------|--|
|       |                         | / 1              |  |

Patent

Attorney's Docket No. 005699-514

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Pate                  | ent Application of                                                                                                                                          |                                                                                                                |  |  |  |  |  |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Kelleher e                  | et al.                                                                                                                                                      | Group Art Unit: 1614                                                                                           |  |  |  |  |  |
| Application No.: 10/074,595 |                                                                                                                                                             | Examiner: Spivack, Phyllis G.                                                                                  |  |  |  |  |  |
| Filed: Fe                   | ebruary 11, 2002                                                                                                                                            | Confirmation No.: 5929                                                                                         |  |  |  |  |  |
| P                           | -ARYL-N-ALKYLNITRONES AND ) HARMACEUTICAL COMPOSITIONS ) ONTAINING THE SAME )                                                                               | Examiner: Spivack, Phyllis G.  Confirmation No.: 5929  Character Character Confirmation No.: 5000              |  |  |  |  |  |
|                             | AMENDMENT/REPLY TRA                                                                                                                                         | ANSMITTAL LETTER                                                                                               |  |  |  |  |  |
|                             | Commissioner for Patents on, D.C. 20231                                                                                                                     |                                                                                                                |  |  |  |  |  |
| Sir:                        | •                                                                                                                                                           | -                                                                                                              |  |  |  |  |  |
| Encl                        | osed is a reply for the above-identified pate                                                                                                               | nt application.                                                                                                |  |  |  |  |  |
| [X]                         | [X] An Extension of Time is also enclosed. \$110 fee is charged to the Deposit Account.                                                                     |                                                                                                                |  |  |  |  |  |
| [X]                         | A Terminal Disclaimer and a check for [ ] \$55.00 (248) [X] \$110.00 (148) to cover the requisite Government fee are also enclosed.                         |                                                                                                                |  |  |  |  |  |
| []                          | An Information Disclosure Statement and PTO-1449 are also enclosed.                                                                                         |                                                                                                                |  |  |  |  |  |
| [X]                         | Also enclosed is Acknowledgment Postcard                                                                                                                    |                                                                                                                |  |  |  |  |  |
| []                          | Small entity status is hereby claimed.                                                                                                                      |                                                                                                                |  |  |  |  |  |
| []                          | Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$370.00 (279) [ ] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e). |                                                                                                                |  |  |  |  |  |
| ſ                           | [ ] Applicant(s) previously submitted requested.                                                                                                            | , on, for which continued examination is                                                                       |  |  |  |  |  |
| []                          | Applicant(s) request suspension of action exceed three months from the filing of thi § 1.103(c). The required fee under 37 C.                               | by the Office until at least _, which does not s RCE, in accordance with 37 C.F.R. F.R. § 1.17(i) is enclosed. |  |  |  |  |  |
| []                          | A Request for Entry and Consideration of (146/246) is also enclosed.                                                                                        | Submission under 37 C.F.R. § 1.129(a)                                                                          |  |  |  |  |  |
| fXI                         | No additional claim fee is required.                                                                                                                        |                                                                                                                |  |  |  |  |  |

## [ ] An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS            |                  |                                                    |                 |                   |               |  |  |
|---------------------------|------------------|----------------------------------------------------|-----------------|-------------------|---------------|--|--|
|                           | No. OF<br>CLAIMS | Highest No.<br>Of Claims<br>Previously<br>Paid for | EXTRA<br>CLAIMS | RATE              | ADDT'L<br>FEE |  |  |
| Total Claims              |                  | MINUS =                                            | 0               | × \$18.00 (103) = | \$0.00        |  |  |
| Independent Claims        |                  | MINUS =                                            | 0               | × \$84.00 (102) = | \$0.00        |  |  |
| If Amendment adds m       | ultiple depende  | ent claims, add \$280                              | 0.00 (104)      |                   |               |  |  |
| Total Amendment Fee       |                  |                                                    |                 |                   | \$0.00        |  |  |
| If small entity status is | claimed, subt    | ract 50% of Total A                                | mendment Fe     | e                 |               |  |  |
| TOTAL ADDITIONA           | AL FEE DUE       | FOR THIS AMEN                                      | DMENT           |                   |               |  |  |

[ $\chi$ ] A check in the amount of \$ \_290.00 is enclosed for the IDS and the terminal disclaimer.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

William H. Benz

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Date: June 12, 2003